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FAX COVER LETTER**April 11, 2005**

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FROM: Brea K. Taken
Legal Administrative Assistant to Barbara A. Wrigley
DIRECT DIAL: (612) 607-7260
EMAIL: BTaken@oppenheimer.com
RE: U.S. Patent Application No. 09/622,089
Title: MULTI-PARTITIONED FLUIDIZED BED REACTOR
Filing Date: August 10, 2000
Art Unit: 1764
Attorney Docket No.: 490042-87

COMMENTS: I hereby certify that a Request for Continued Examination and Response to Office Action are being facsimile transmitted to the U.S. Patent and Trademark Office on April 11,2005.

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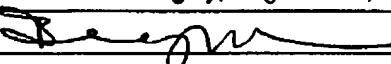
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/622,089
		Filing date	August 10, 2000
		First Named Inventor	Nomoto
		Art Unit	1764
		Examiner Name	Alexa A. Doroshenk
Total Number of Pages in This Submission		Attorney Docket Number	490042-87

ENCLOSURES (Check all that apply)

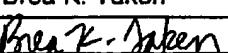
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Copy of the PTO Form 1533 (Rev. 9/97), Notice to File Missing Parts of Application <i>Filing Date Granted</i> <input type="checkbox"/> Executed Declaration and Power of Attorney Document	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal C (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) please identify below: Request for Continued Examination Transmittal	

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
Name (Print/Type)	Barbara A. Wrigley, Reg. No. 34,950
Signature	
Date	April 11, 2005

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